FILE SPECIFICATIONS

1. <u>Recommended Physical File Specifications-Magnetic Tape</u>.--Tape characteristics-9 track, 8 1/2" to 10 1/2" reels with silver mylar reflector (standard reels) with write ring removed.

Parity - Odd Recording Density - 6250 bytes per inch Recording Code - Extended Binary Coded Decimal

File Label - IBM standard label. The tape must have an end of file mark. The first data record on the file will identify the submitter and the receiver and will serve the function of a file label.

Physical Record Length - 60 characters Blocking Factor - 100 records per block The external label on the reel must appear as follows:

From To

Reel number HCPCS (see footnote (a) below for entry) number (the unique number by which tape is identified in submitter's library).

Date (MMDDYY)

- 2. <u>Record Specifications</u>.--The logical HCPCS record is made up of a series of 60 character physical records.
 - 3. Blocking factor of 100 (100 records per data block).

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4. <u>Header Type Specifications</u>.--

Field No.Name	Field <u>Size</u>	<u>Picture</u>	Specification	Field <u>Remarks</u>	
1	Label	3	X(3)	L	See Footnote (b)
3	Filler Carrier #	5	X(7) 9(5)	L	L
4 5	Filler Interm. #	5	X(1) 9(5)		L
6 7	Filler Date Fee	1	X(1) X(6)	L	L MMDDYY
8	Updated Filler	26	X(26)		
9	Date File Created	6	X(6)	L	MMDDYY

5. <u>Detail Record</u>.--

Field No.Name	Field <u>Size</u>	<u>Picture</u>	Specification	Field <u>Remarks</u>	
1 2 3 4	HCPCS Filler Filler Fee/CF/	5 2 2 7	X(5) XX XX 9(5)V99	R	L L L See Footnote (c)
5 6 7 8 9	Prev. Fee Fee Carrier # Locality Filler	7 7 5 2 23	9(5)V99 9(5)V99 X(5) 99 X(23)	R R L L	See Footnote (d) See Footnote (e)

(a) Identify the type of information being furnished:

DME fee schedule Hospice physician service prevailing charges Lab fee schedule Other diagnostic service prevailing charges Oxygen fee schedule Prosthetic/orthotic fee schedule Radiology conversion factors

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(b) Show the label for category as follows:

DME - durable medical equipment HPH - hospice physician service LAB - laboratory ODX - other diagnostic services

OXY - oxygen P/O - prosthetic/orthotic

RAD - radiology

(c,d,e)**DME**

- (c) purchase new
- (d) purchase used
- (e) monthly rental

When a HCPCS code has multiple fees, list the fees as above. NOTE:

HPH

(c) prevailing charge amount

LAB

- (c) fee schedule amount 60%
- (d) fee schedule amount 62%

ODX

(c) prevailing charge amount

OXY

- (c) purchase new
- (d) purchase used
- (e) monthly rental

P/O

(c) purchase new

RAD

(c) conversion factor

NOTE: No HCPCS codes necessary for radiology.

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